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CONFIRMATION NO. 9082

| SERIAL NUMBER | FILING OR 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | |
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| 10/507,145 | 09/08/2004 RULE | 435 | 1637 | 962-PCT-US | |
| APPLICANTS Ilaria Meloni, Siena, ITALY; Alessandra Renieri, Siena, ITALY; | | | | | |
| ** CONTINUING DATA ***** This application is a 371 of PCT/IT03/00134 03/06/2003 <i>CB</i> | | | | | |
| ** FOREIGN APPLICATIONS ***** ITALY RM2002000130 03/08/2002 <i>CB</i> | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 03/24/2005 | | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | | STATE OR COUNTRY ITALY | SHEETS DRAWING 7 | TOTAL CLAIMS 13 | INDEPENDENT CLAIMS 6 |
| 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | | |
| Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Initials]</i> | | | | | |
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| TITLE Diagnostic and therapeutic tools for the x-linked mental retardation syndrome | | | | | |
| FILING FEE RECEIVED 734 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | | <input type="checkbox"/> All Fees |
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